

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576424

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	—					
3	—					
4	—					
5	—					
6	—					
7	—					
8	—					
9	—					
10	—					
11	—					
12	—					
13	—					
14	—					
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17	—					
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19	—					
20	—					
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23	—					
24	—					
25	—					
26	/					
27	/					
28	—					
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30	—					
31	—					
32	—					
33	—					
34	—					
35	—					
36	—					
37	/					
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40	/					
41	/					
42	—					
43	—					
44	—					
45	—					
46	/					
47	/					
48	/					
49	/					
50	—					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	/					
58	/					
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60	/					
61	—					
62	—					
63	—					
64	—					
65	/					
66	/					
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	27					